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PTO/SB/21 (08-00)

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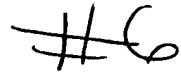
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/086,842	
	<b>Filing Date</b>	Feb 28, 2002	
	<b>First Named Inventor</b>	Colrain, Carol	
	<b>Group Art Unit</b>	Unassigned	
	<b>Examiner Name</b>	Unassigned	
<b>Total Number of Pages in This Submission</b>	5	<b>Attorney Docket Number</b>	007.0193.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	APR 10 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: APR 10 2002			
Type or printed name	Casey Leichter		
Signature		Date	APR 10 2002

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<b>Application Number</b>	10/086,842
<b>Filing Date</b>	2/28/2002
<b>First Named Inventor</b>	Colrain
<b>Group Art Unit</b>	Unassigned
<b>Examiner Name</b>	Unassigned
<b>Attorney Docket Number</b>	007.0193.01

The reasons for this request are: Per client request.

- ### CORRESPONDENCE ADDRESS

**OR**

☒ This request is made on behalf of :

☐ all the attorneys/agents of record

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number **22895**

This request is enclosed in triplicate (including any attachments).

**SIGNATURE OF ATTORNEY/AGENT**

Name	Patrick J. Inouye
Signature	
Date	APR 10 2002

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extensive period, the request to withdrawal is normally disapproved.

<b>Application Number</b>	10/086,842
<b>Filing Date</b>	2/28/2002
<b>First Named Inventor</b>	Colrain
<b>Group Art Unit</b>	Unassigned
<b>Examiner Name</b>	Unassigned
<b>Attorney Docket Number</b>	007.0193.01

To: Assistant Commissioner for Patents  
Washington DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Per client request.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS

☐ Customer Number [                      ] [                      ]


**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Hickman, Palermo, Truong & Becker				
Address	1600 Willow Street				
City	San Jose	State	CA	Zip	95125
Country	USA				
Telephone					

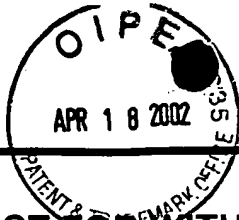
- ☒ This request is made on behalf of :
- ☐ all the attorneys/agents of record
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **22895**

This request is enclosed in triplicate (including any attachments).

**SIGNATURE OF ATTORNEY/AGENT**

Name	Patrick J. Inoué
Signature	
Date	APR 10 2002

*NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extensive period, the request to withdrawal is normally disapproved.*



# REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/086,842
Filing Date	2/28/2002
First Named Inventor	Colrain
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	007.0193.01

To: Assistant Commissioner for Patents  
Washington DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Per client request.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

## CORRESPONDENCE ADDRESS

☐ Customer Number [ ] [ ]

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Hickman, Palermo, Truong & Becker				
Address	1600 Willow Street				
City	San Jose	State	CA	Zip	95125
Country	USA				
Telephone					

- ☒ This request is made on behalf of :
- ☐ all the attorneys/agents of record
  - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
  - ☒ the attorneys/agents associated with Customer Number 22895

This request is enclosed in triplicate (including any attachments).

## SIGNATURE OF ATTORNEY/AGENT

Name	Patrick J. Inoué
Signature	
Date	APR 18 2002

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extensive period, the request to withdrawal is normally disapproved.